

ATTORNEY GENERAL OF TEXAS  
CRIME VICTIMS' COMPENSATION DIVISION

INSTRUCTIONS FOR APPLYING  
FOR REIMBURSEMENT FOR COSTS OF  
SEXUAL ASSAULT MEDICAL EXAMINATIONS  
(For Law Enforcement Agencies Only)

**For questions regarding this program please e-mail:  
sexualassaultexams@oag.state.tx.us**

**COMPLETING THIS APPLICATION**

- ★ Read the instructions before you begin in order to complete each section correctly.
- ★ Include information supporting the sexual assault exam request, the case or offense report number, or a letter outlining the circumstances of the exam request. Proof of payment must accompany this application. Failure to provide this information will cause the application to be returned.
- ★ On application to the attorney general, law enforcement agencies are entitled to be reimbursed for the reasonable costs of a sexual assault medical examination requested by the law enforcement agency on behalf of a victim of an alleged sexual assault for use in the investigation or prosecution of the offense.
- ★ **Article 56.06 (c), Texas Code of Criminal Procedure, as amended by the 77<sup>th</sup> Legislature, does not require a law enforcement agency to pay any costs of treatment of injuries, therefore, those costs are not covered by this program.**
- ★ Mail your completed application to:

**Attorney General of Texas  
Crime Victims' Compensation (009)  
Law Enforcement Reimbursement for Sexual Assault Exams  
P.O. Box 12880  
Austin, Texas 78711-2880**

**Instructions:**

- ★ **All** bills associated with the requested sexual assault medical exam must have been received and paid for by the law enforcement agency requesting reimbursement prior to sending in this application. Subsequent bills sent in for reimbursement after this application has been processed will be returned unpaid.
- ★ All bills considered for reimbursement must be itemized and submitted on standardized health insurance claim forms (i.e. UB 92 or HCFA 1500). Non-physicians can bill using usual and customary format billings.
- ★ All law enforcement agency information must be completed prior to payment. Payment cannot be made without the law enforcement agency's Tax Payer Identification Number

**Verification**

**Important:**

**This certification is part of your application and must be completed and signed by an authorized representative of law enforcement before action can be taken on the application.**

I certify that the sexual assault exam, the subject of this application was requested by a law enforcement agency and that the bill has been paid. I certify that this information in this application is true and correct to the best of my knowledge. Release of this information is not a release to the general public, but rather an intergovernmental transfer of documents from one governmental body to another. See Open Records Decision Nos. 661 (1999), 468 (1987), and 464 (1987). The information in this document is for governmental purposes only, and is confidential. I assert that this information is excepted from required public disclosure under the Public Information Act, including all of the exceptions provided by, and the exceptions incorporated into Government code §§ 552.101 through 552.132.

\_\_\_\_\_  
**Signature of Law Enforcement Representative**

\_\_\_\_\_  
**Printed Name and Title**

\_\_\_\_\_  
**Date**



ATTORNEY GENERAL OF TEXAS

# APPLICATION

PLEASE PRINT CLEARLY IN BLACK INK OR TYPE.

## Reimbursement for Costs of Sexual Assault Medical Examinations

Victim  
Information

*The victim is the  
person who was  
allegedly  
sexually  
assaulted.*

Victim's Last Name

First Name

Middle Name

Social Security Number

Date of Birth

Sex: ☐ Male  
☐ Female

Law Enforcement  
Agency  
Information

Law Enforcement Agency Name

*Payment will  
not be  
processed  
without  
complete  
information.*

Mailing Address

City

State

Zip

Tax Payer Identification Number (required)

Contact Person's Name

Telephone Number (including Area Code)

Fax Number

E-Mail Address (if available)

Date of Crime

Law Enforcement Case Number

Suspect's Name(if known)

Prosecutor's Case Number (if known)

Please check the box below that best describes the type of crime that occurred:

☐ Adult Sexual Assault  
(18 years of age or older)

☐ Child Sexual Assault  
(17 years of age and under)

Date of the Primary Sexual Assault Exam

Signature of Law Enforcement Representative required on reverse side.